## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID N:	DATE
FEE DETERMINATION			09/03090
O.I.P.E. CLASSIFIER	<del> </del>		7-11491
FORMALITY REVIEW	INDE	X OF CLAIMS	
€	Rejecte	d N	Non-elected
— (Thro	ugh numeral) Canceled Restric	A	Appeal Objected

= — (Through numero	Allowed	A	Appeal
- (Inrough numer	Restricted	0	Objected
		Clain	n Date
Claim Date	Claim Date	<u> </u>	<del></del>
Claim 2 3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Final	Line 1	Original
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	51		112
	52	<del></del>	113
	53		114
	55	1 1 1 1 1 1 1 1 1	115
5 0 0	56		116
6 0 0	57		118
18/1/1/1/1	58		119
9	60		110
10	61	<del>┰┰</del> ╅┼┼┥┝╌	111
11 12	62	<del>┧┧</del> ┼┼┼┤┠╸	113
13	63	╀┼┼┼┼	114
14	65		115
15	66		116
17	67	<del>╶</del> <del>╎</del> ┼┼┼┼┼┤┞╴	118
118	68	<del>╶┨╌╏╌╏</del> ╌╂╌╂╌┨╴┠ <sup>┯</sup>	119
19	69	╌┼┼┼┼┼	120
20.	70 71	+++++	121
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22 23	73	<del></del>	124
23	74	╼╂╼╂╼╂╼╂╌┨	125
25	75 76	╌┼┼┼┼┼	126
26	76		127
27	78		128
28	79	<del>┡┋┋</del> ╇╇╇┩┈┡	130
30	70	<del>┟╌╏╸┞┈┞╌╏</del> ╌┨╴╏	131
31	81 82	<del>                                     </del>	132
32	83		133
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35	85	<del>╽╺┧</del> ╾╂╾╂╾╋═┪┈╵	136
. 36	86	<del>┨╒╏</del> ╌┼╌┼╌┼╌┼	137
37	88	+++++	138
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39 40	90	<del></del>	141
41	91	<del>╶</del> <del>╏┈╏┈╏┈╏</del>	142
42	92	<del>╶┧╌┧╌╏╌╏</del> ╌╅╌┪	143
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48	98	-+-+-+-	149
49	100		150
50			

If more than 150 claims or 10 actions staple additional sheet here

